

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	PETITION FOR HEARING TO IDENTIFY FATHER AND DETERMINE OR TERMINATE HIS RIGHTS	FILE NO.
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In the matter of _____, adoptee
Full name of child

1. I am the mother of the above named adoptee who was born out of wedlock on _____ at _____
Date
 _____ . The adoptee resides at _____
City, county, and state

Address City State Zip

☐ 2. An action within the jurisdiction of the family division of circuit court involving the family or family members of the minor has been previously filed in _____ Court, Case Number _____, was assigned to Judge _____, and ☐ remains ☐ is no longer pending.

☐ 3. I plan to sign a ☐ release ☐ consent giving up my parental rights to the child.

☐ 4. I have joined with my husband in a petition for adoption.

5. The putative father of my child is: _____
Name (type or print) Birthdate (if unknown, state if over 18 years old)

Address City State Zip

☐ 6. For part or all of the time from conception to the date the child was born, I was married to _____
Name (type or print)
 _____ whose last known address is _____
 _____ . He is not the father of the child.

7. **I request** the court to hold a hearing to determine the identity of the father of my child and to determine or terminate his parental rights.

I declare that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Attorney signature

Signature of petitioner

Attorney name (type or print) Bar no.

Name (type or print)

Address

Address

City, state, zip Telephone no.

City, state, zip Telephone no.

Do not write below this line - For court use only